COMMUNITY SUPPORTS PROGRAM (CSP) PROVIDER TRAINING STUDY REPORT

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INTRODUCTION

A grant awarded by the Nebraska Planning Council on Developmental Disabilities to O'Hare Professional Consultation Services in October 2009 was designed to study the use and effectiveness of the Community Supports Program (CSP). The CSP, a set of community-based services and supports funded through Nebraska's Division of Developmental Disabilities (DDD), offers choices of services and providers in a "consumer-directed" program. These choices are important, as it has been shown that people who feel they have control over their lives, their services, and their supports are more likely to feel and be successful. (Nebraska Department of Health and Human Services: http://dhhs.ne.gov/Developmental_Disabilities/csp.htm)

The CSP, first piloted in Nebraska in 2003 and implemented statewide in 2007, has experienced slow growth in the number of participants. Significant growth in the program has occurred in the past year, with enrollment increasing from 121 participants in October 2009 to 160 as of September 2010. Despite this increase, it is an assumption that there are other eligible individuals who would benefit from the CSP if more were aware of the program and if some of the barriers to participation were lifted.

Work in the first part of the grant year focused on an information gathering process to identify effective practices, gaps, and barriers related to the current use of the CSP. Initial grant activities included convening focus groups of over 400 participants statewide representing a variety of stakeholders. Results of the first phase of this work may be found in the *Community Supports Program (CSP) Study Report.* (www.hhs.state.ne.us/ddplanning/22810CSPStudy.pdf)

As a result of the information gathering process, a number of recommendations were made to remove barriers to participation in the CSP. Recommendations include increasing awareness and understanding of the program; making policy changes to address barriers to effective utilization of the program; and addressing training needs for the various stakeholders. Since those recommendations were made, DDD has proposed policy changes to address the identified barriers. New waiver agreements have been drafted and submitted to federal authorities for approval, with an anticipated implementation date of January 2011. These actions are very positive developments for current and prospective participants of CSP services.

After evaluating results of the first phase of this grant, it was determined that the next step for the project would be to address the issue of CSP provider training. Given that CSP providers are typically hired directly by the individual and/or family, the training needs of these self-directed providers are presumed to be different than those of agency-hired workers. This report provides the results of recent research on training needs of self-directed providers, other states' practices in training self-directed providers, and information gathered from Nebraska stakeholders regarding the issue of CSP provider training.

PROJECT ACTIVITIES

Upon completion of the first phase of the grant project which resulted in the *Community Supports Program (CSP) Study Report*, the following activities were completed.

1. Project Coordinators conducted meetings with representatives of the Developmental Disabilities Planning Council and the Developmental Disabilities Division to determine next steps in addressing training needs for CSP providers.

2. Project Coordinators reviewed the College of Direct Support training curriculum for direct support providers.

3. Project Coordinators conducted focus groups in Kearney, O'Neill, and Omaha to gather input regarding CSP provider training needs from Service Coordinators, individuals, family members, providers, educators, and advocates.

4. Project Coordinators met with Vocational Rehabilitation (Voc Rehab) staff in Grand Island and Omaha to discuss training needs of CSP providers who deliver employment support services.

5. Project Advisory Committee members were advised of project activities and asked to complete the *Community Supports Program Provider Training Questionnaire.*

6. Project Coordinators met with Program Directors for Vocational Rehabilitation to discuss processes and resources available through their agency to support individuals and CSP providers of employment-related services.

7. Project Coordinators researched provider training practice outcomes in general and in other states.

FOCUS GROUP RESULTS

Background

As part of the focus group process, participants were given the opportunity to view sample modules from the College of Direct Support (CDS), an internet based curriculum for direct support professionals who work with individuals with mental illness, intellectual/developmental disabilities, and co-occurring disabilities. The CDS curriculum, developed by the Research and Training Center on Community Living at the University of Minnesota, is currently used for provider training in over 30 states. Courses in the CDS are fully narrated and include personal stories from multiple perspectives, including individuals with disabilities, family members, and direct support professionals. The CDS utilizes pre- and post-tests, on-the-job skill demonstration checklists, and suggested portfolio work samples. The curriculum is regularly updated and offers an option for customizing to provide additional information specific to a state's policies or employer requirements.

The focus group process utilized a facilitated discussion format and, in some instances, completion of the *Community Supports Provider Training Questionnaire*, to obtain input from participants (Attachments A-D) on the topic of CSP provider training.

Findings

The findings resulting from these sessions include:

1. Focus group participants expressed a desire to have a variety of training materials available such as web-based resources, resource links/listings, handbooks, web-based modules, etc.

2. In general, focus group participants did not see access to computers or the internet as a barrier to CSP provider training.

3. Vocational Rehabilitation staff identified resources they are willing to share to support individuals and providers of employment-related CSP services.

4. The question of paying providers for the time involved in completing training received mixed reviews. Participants were generally not in favor of the cost of training coming out of an individual's budget.

5. Training of CSP workers was viewed as valuable. It was agreed that it is important that training be tailored to the needs of the individual, family, and CSP provider.

6. The priority topics for provider training, as identified by focus group participants, include:
    - Community Inclusion
    - Home and Community Living/Personal Care
    - Communication
    - Relationships
    - Teaching People with Developmental Disabilities
    - Employment Supports

Recommendations

The following recommendations are made based upon the feedback received from focus group participants.

1. Training needs to be available in a variety of formats.

2. Training opportunities need to be easily accessible.

3. Training needs to be team-directed and individualized with a variety of training resources available to address those training topics identified as priority for the individual and provider.

4. A specific training curriculum should not be mandatory.

5. If CSP providers are to be paid for training, an administrative method for payment needs to be developed, rather than paying for it from the individual's budget amount.

6. Training resources should be designed in such a manner that individuals and families can benefit from the information, in addition to their providers.

7. Further discussion should be held with Vocational Rehabilitation to determine process for accessing their employment resources.

8. CSP participants, their family members and Service Coordinators need to be provided information on Vocational Rehabilitation resources and process for accessing those services and resources.

COLLABORATION WITH VOCATIONAL REHABILITATION

Partnership Development between Vocational Rehabilitation (Voc Rehab) and the Division of Developmental Disabilities (DDD)

Background: Discussions with staff from Voc Rehab and DDD throughout the course of this project indicated that there are resources available to all individuals eligible for Voc Rehab employment-related services that may not currently being taken advantage of by individuals in the CSP. In order to further explore this, Project Coordinators met with administrators at Voc Rehab to discuss the following:

1. What are the parameters of what Voc Rehab can offer to support eligible individuals in seeking and maintaining employment?
2. How can the partnership between DDD and Voc Rehab be strengthened?
3. How do we communicate to CSP providers, individuals, families, Service Coordinators, Voc Rehab staff, school transition staff, and other interested parties about available Voc Rehab resources?

Voc Rehab resources and activities which are available or could be accessed by individuals receiving CSP services and CSP providers of employment-related services may include:

1. Work-related assessments/evaluations.
2. Information regarding role of Voc Rehab.
3. Materials to guide career planning and provide job-seeking supports for the provider and individual (including the pocket guide, résumé writing resources, job seeking skills books, etc.).
4. Participation in Voc Rehab Job Clubs.
5. CSP provider participation in Voc Rehab training activities relevant to their role as CSP provider.

The following recommendations are made toward achieving the goal of supporting CSP providers in the delivery of employment-related services.

1. Confirm partnership between DDD and Voc Rehab in provision of employment-related supports.
2. Develop a process to guide individuals and CSP providers through the steps involved in accessing Voc Rehab services.
3. Develop a process for distribution of resources and materials to relevant parties (individuals in CSP services, families, Service Coordinators, Voc Rehab staff, school transition staff, etc.)

Self-Directed Provider Training Needs

A review of the research suggests that self-directed providers typically have different characteristics, experiences, and training needs than agency-hired workers.[1] More often than not, these self-directed providers are family members who are female, married, and live with (or geographically close to) the individual they support. The self-directed provider tends to have personal experience with the individual.[2] The support they provide tends to vary significantly from one worker to the next and they tend to provide support with tasks such as routine health care, personal care, and household assistance which is typically not provided by agency-hired workers.[3]

Throughout the growth of the self-direction movement, many beliefs about the extent and need for training of self-directed providers have been formed. Recent research studies are beginning to challenge these long-held beliefs. Consider the typical myths regarding self-directed providers which appeared in an Issue Brief distributed by National Resource Center for Participant-Directed Services.[4]

> Myth No. 1: Agency-hired workers and self-directed providers are comparable and require the same training.
>
> Fact: Self-directed providers are more likely to know the individual than agency-hired workers. In many cases they have already provided support prior to their role as a paid worker. In addition, they serve the individual on a one-to-one basis and become much more familiar with the individual than do agency-hired workers who typically provide support in group settings.
>
> Myth No. 2: If no standardized training exists, self-directed providers are not being trained.
>
> Fact: Training provided directly by participants and/or their representatives to their self-selected provider encompasses much more individualized, personal training than can be accomplished in a

[1] Dale, S., Brown, R., Phillips, B. & Carlson, B. (August, 2005). *Experiences of workers hired under Cash & Counseling; Findings from Arkansas, Florida, and New Jersey*. Final Report. Princeton, NJ: Mathematic Policy Research, Inc. www.hcbs.org/files/96/4763/worerexp.pdf.

[2] Simon-Rusinowitz, L., Mahoney, K., Louglin, D. & Sadler, M. (2005*). Paying family caregivers: An effective policy option in the Arkansas Cash and Counseling Demonstration and Evaluation*. Marriage and Family Review, 1(1/2), 83-105.

[3] Dale, S., Brown, R., Phillips, B. & Carlson, B. (August, 2005). *Experiences of workers hired under Cash & Counseling; Findings from Arkansas, Florida, and New Jersey*. Final Report. Princeton, NJ: Mathematic Policy Research, Inc. www.hcbs.org/files/96/4763/worerexp.pdf.

[4] McGaffigan, E. (October 2009). *Do Participant-Directed Workers Require the Same Training as Agency Workers? Using Research to Inform Policy.* National Resource Center for Participant-Directed Services, Boston College http://www.bc.edu/schools/gssw/nrcpds/meta-elements/pdf/Issue_Brief_Training.pdf

traditional agency setting. Research indicates that self-directed providers tend to feel as informed as their agency-hired counterparts.[5]

Myth No. 3: Participant direction is risky and requires standardized training to minimize risk.

Fact: Self-directed providers often provide more complex care than agency workers, yet research has found health outcomes and quality of life outcomes do not suffer and in some circumstances improve.[6]

Myth No. 4: Self-directed providers lack supervision.

Fact: Supervision is not absent in the self-directed model; the supervisor role shifts from an agency-hired worker to the individual and/or their representative. Unlike agency hierarchies, the individual and/or their representative retain the direct power to hire or fire at any time. In fact, some research has suggested that stronger communication with supervisors is present in the self-directed model than in the traditional agency controlled setting.[7]

Although these myths continue to exist, more and more research is coming to light that assists policymakers in decisions regarding training for self-directed providers. Differences between the self-directed provider and the agency-hired worker make the use of mandatory and standardized training a difficult 'fit' for self-directed providers.

Training Recommendations

An issue brief developed by the National Resource Center for Participant-Directed Services[8] provides the following recommendations regarding self-directed provider training.

1. Tap into the existing knowledge and experiences of family members and friends. There are many advantages to doing so:
    - Individuals report feeling safer when workers are friends or family.
    - Those who hire family tend to be more satisfied and less likely to report an unmet need.

[5] Simon-Rusinowitz, L., Mahoney, K., Louglin, D. & Sadler, M. (2005*). Paying family caregivers: An effective policy option in the Arkansas Cash and Counseling Demonstration and Evaluation*. Marriage and Family Review, 1(1/2), 83-105

[6] Dale, S., Brown, R., Phillips, B. & Carlson, B. (August, 2005). *Experiences of workers hired under Cash & Counseling; Findings from Arkansas, Florida, and New Jersey*. Final Report. Princeton, NJ: Mathematic Policy Research, Inc. www.hcbs.org/files/96/4763/worerexp.pdf.

[7] Dale, S., Brown, R., Phillips, B. & Carlson, B. (August, 2005). *Experiences of workers hired under Cash & Counseling; Findings from Arkansas, Florida, and New Jersey*. Final Report. Princeton, NJ: Mathematic Policy Research, Inc. www.hcbs.org/files/96/4763/worerexp.pdf

[8] McGaffigan, E. (October 2009). *Do Participant-Directed Workers Require the Same Training as Agency Workers? Using Research to Inform Policy.* National Resource Center for Participant-Directed Services, Boston College http://www.bc.edu/schools/gssw/nrcpds/meta-elements/pdf/Issue_Brief_Training.pdf

- Utilizing family tends to minimize the need for standardized training techniques.
- Utilizing family or friends will minimize the effects of worker shortage.

2. Ensure that individualized, participant-driven training and supervision opportunities exist for the individual and/or their representative. Individuals and their representatives need to understand their role and responsibilities in the areas of worker training and supervision.

3. Adopt individualized person-driven training in lieu of mandated or standardized training. Individualized training and support lead to the greatest individual outcomes. "Participants should have the option to purchase worker training (if an individual budget exists) or seek free training within their community. If mandated /and or standardized worker training exits, such training should emphasize the participant direction philosophy and include participants in its design and implementation." In addition, training options should be flexible, accessible, and affordable.

4. Address the potential for worker burnout and isolation by offering resources. Training options should include the availability of resources that can be accessed to minimize stress and burnout.

A report published by the North Carolina Providers Council and the North Carolina Council on Developmental Disabilities[9] provides further support for training of direct support workers. The report states that the rate of turnover in the direct support profession continues to be high, despite the widespread unemployment in our current economy. State employment projections indicate that there will continue to be a substantial lack of candidates to fulfill the needs of this industry in the future. The need to provide a competent, sustainable, and valued direct support workforce is a critical factor in meeting the needs of people with intellectual, developmental, and other disabilities in the long-term services and supports industry. The North Carolina report notes that training, such as that offered by the College of Direct Support, works to address the high turnover rate by providing the industry with national credibility and by bringing a sense of value and responsibility to the workforce.

[9] North Carolina Providers Council. (2010). *North Carolina College of Direct Support Demonstration Project Final report.* Raleigh, NC. http://info.collegeofdirectsupport.com/docs/curriculum/nc_demoreport.pdf

State Practices in Training Self-Directed Providers

Several states have taken advantage or plan to take advantage of the College of Direct Support (CDS) internet-based training modules as a means to provide training to providers of self-directed services. Among those states are Connecticut, Tennessee, and New Hampshire. Additionally, the use of the CDS has been piloted in selected areas of Nebraska. The Nebraska pilots have primarily used the CDS for training agency-hired staff, but in some instances individuals enrolled in the CSP and their providers have utilized CDS training modules. A summary of College of Direct Support training practices for self-directed providers in other states follows.

Connecticut[10]

Connecticut has designated mandatory training for self-directed providers and reimburses providers $180 upon completion of the following eighteen CDS lessons.

- Direct Support Professionalism: Five (5) Lessons
- Maltreatment of Vulnerable Adults and Children: Three (3) Lessons
- Individual Rights and Choices: Four (4) Lessons
- Safety at Home and in the Community: Six (6) Lessons

Self-directed providers submit their CDS transcript to their employers as proof of completion of training. A Provider Qualifications and Training Verification Record is completed and attached to the Individual/Family Agreement which is then forwarded to the Fiscal Intermediary for payment processing. Providers who have completed training at traditional developmental disabilities agencies can complete a Comparability Form to substitute for completion of some or all of the lessons.

Tennessee[11]

Tennessee does not currently mandate the use of CDS training for self-directed providers, but is attempting to do so. The training chapter of the provider manual is currently under revision. Tennessee pays self-directed providers $100 for completion of pre-service training and $125 upon completion of the core training requirements as outlined below.

Pre Service Requirements: Must be completed within 30 days of employment and before working alone with any service recipient.

1. CPR
2. First Aid
3. Fire Safety and Evacuation
4. Incident Management

[10] CT Department of Mental Retardation HCBS Waivers Operations Manual Individual and Family Support Waiver and Comprehensive Support Waiver, October 11, 2005.

[11] Timothy Hickman timothy.hickman@tn.gov, Alice Taylor, Richard Shelton Tennessee Dept. of Finance and Administration, Division of Mental Retardation Services: Provider Manual (3/15/2005).

5. Introduction to MRDD
6. Protection from Harm
7. Training specific to the needs of the individual
8. Universal Precautions

Core Requirements: Must be completed within 60 days of employment. Staff may work alone or with service recipients while completing core training courses.

1. Individual Rights and ADA
2. ISP Implementation
3. ISP Overview
4. Medication Administration (Only if Administering Meds)
5. Quality Behavioral Health Supports
6. Sensitivity
7. Title VI

Annual Requirements: Must be completed annually.

1. CPR (Upon expiration)
2. Incident Management
3. Protection from Harm
4. Sensitivity
5. Title VI
6. First Aid (Upon expiration)

Other: Job Coach Training (Only Required if Job Coaching)

The state has a contract with the Arc of Tennessee to coordinate the initial training for potential staff of individuals who self-direct. The Arc also assists families with documentation issues. The state maintains a database of completed training and the self-directed provider can take evidence of their training with them if they change employers. The cost of the training does not come out of the individual's budget.

New Hampshire[12]

New Hampshire does not mandate training for providers under their Self-Directed Supports Option. The College of Direct Support is available to providers in the regions of the state with the highest population. Other web-based training options are also available, such as Essential Learning. The individual, family, and Service Coordinator establish an individualized budget. Providers may be paid for time involved in training under a line item in the budget for Consultation/Training.

The New Hampshire regulations regarding the Self-Directed Supports Option are currently under revision.

[12] Jan Skoby, Training Coordinator, New Hampshire Bureau of Developmental Services Jan.T.Skoby@dhhs.state.nh.us

Other State Experiences in use of CDS

Research indicates a wide variety of practices being utilized by states in addressing the training needs of direct support professionals. As previously reported, many are utilizing the College of Direct Support as a training resource for both agency-hired workers and those hired directly by the individual and/or family. Items of note include:

- A Missouri College of Direct Support survey of Direct Support Professionals who had completed CDS training revealed that an overwhelming majority (87%) reported an increase in knowledge or skills as a result of CDS courses. They also reported that the courses resulted in their feeling that they were overall better employees and more able to provide services and supports. In addition, they felt more confident and better able to handle and prevent behavior problems and deal with health and safety issues. And finally, 86.9% indicated that they were very likely or likely to stay with their current employer after CDS training and 93.4% were likely or very likely to stay in the field of disabilities following CDS training.

  The Missouri Center for Human Services, under which three program areas provide services for children and adults with disabilities, addresses the issue of paying for the time involved in completing CDS training by offering a $75 per course bonus when completed and an hourly wage increase upon completion of the 13 state-identified core courses.[13]

- The New York State Association of Community and Residential Agencies (NYSACRA) asked those who had participated in the College of Direct Support to complete a survey regarding their experiences.[14] The vast majority indicated that they "agreed" or "strongly agreed" with the statement, "As a result of using the CDS, my skills have greatly improved." The top three situations most felt qualified to deal with as a result of the CDS training were:
  - ❖ Supporting people to make their own choices and decisions.
  - ❖ Identifying what is most important to people and helping people achieve their personal goals.
  - ❖ Helping people learn new things that matter to them.

[13] McCulloh, Nancy J. (2006) *Successful Foundations, the CDS Planner's Handbook*. College of Direct Support. http://info.collegeofdirectsupport.com/go/resources/missouri/

[14] *Evaluation Brief, the NYSACRA Experience Using the College of Direct Support.* (October 2009) http://info.collegeofdirectsupport.com/go/resources/nysacra

- Training practices among agencies in North Carolina vary, as reported in the North Carolina College of Direct Support Demonstration Project Final Report. [15] Some allowed learners to take courses anytime and anywhere on computers of the learner's choice. Others developed learning labs at their organizations and designated computers for training purposes. One organization collaborated with the local library to access computers and to teach learners how to use them. All of the organizations had concerns about whether or not their workforce could actually use a computer to learn. This presented an opportunity for learners to achieve skill-based training in computer literacy. This was not an expected outcome.

[15] North Carolina Providers Council. (2010). *North Carolina College of Direct Support Demonstration Project Final report.* Raleigh, NC.
http://info.collegeofdirectsupport.com/docs/curriculum/nc_demoreport.pdf

IN CONCLUSION

As a result of the work completed during this phase of the grant project, the following recommendations are offered specific to addressing the training needs of Community Supports Program providers.

1. Training needs to be available in a variety of formats.

2. Training opportunities need to be easily accessible.

3. Training needs to be team-directed and individualized with a variety of training resources available to address those training topics identified as priority for the individual and provider.

4. A specific training curriculum should not be mandatory.

5. If CSP providers are to be paid for training, an administrative method for payment needs to be developed, rather than paying for it from the individual's budget amount.

6. Training resources should be designed in such a manner that individuals and families can benefit from the information, in addition to their providers.

7. Further discussion should be held with Vocational Rehabilitation to determine process for accessing their employment resources, including the following steps:
   - Confirm partnership between the Division of Developmental Disabilities and Vocational Rehabilitation in provision of employment-related supports.
   - Develop a process to guide individuals and CSP providers through the steps involved in accessing Vocational Rehabilitation services.
   - Develop a process for distribution of resources and materials to relevant parties (individuals in CSP services, families, Service Coordinators, Vocational Rehabilitation staff, school transition staff, etc.)

ATTACHMENT A. FOCUS GROUP PARTICIPANTS

City	Participants	Participant Numbers
O'Neill	Parents Consumers CSP Providers Service Coordinators	3 4 2 1 Total: 10
Kearney	Parents Consumers CSP Providers Service Coordinators School Transition	4 1 5 5 1 Total: 16
Omaha	Parents Consumers CSP Providers Service Coordinators School Transition Spec.	3 0 1 2 1 Total: 7
Grand Island	Voc Rehab Staff	3
Omaha	Voc Rehab Staff	5
Totals	Parents Consumers CSP Providers Service Coordinators School Rep Voc Rehab Staff	10 5 8 8 2 8 Total: 41

ATTACHMENT B. FOCUS GROUP SESSIONS

COMMUNITY SUPPORTS PROGRAM (CSP)

Addressing Provider Training Needs
Stakeholder Sessions
August/September 2010

1

COMMUNITY SUPPORTS PROGRAM STUDY

- Grant project funded by Nebraska Developmental Disabilities Planning Council
- Grant goals:
  1) Identify barriers to increased utilization, training needs, and effective practices related to the Community Supports Program (CSP).
  2) Provide recommendations for effective practices on training/education of Nebraska CSP providers.

2

GRANT ACTIVITIES

- Gathering of stakeholder input
  - 25 focus groups held statewide; over 400 participants
  - Participants included:
    - Family members
    - Individuals with developmental disabilities
    - School transition specialists and teachers
    - Service Coordinators
    - Vocational Rehabilitation staff
    - Advocacy groups
    - CSP providers
    - Division of Developmental Disabilities (DDD) staff
    - Specialized developmental disability providers
    - Other interested parties

3

CSP STUDY REPORT

- CSP Study Report developed to identify:
  - Results of stakeholder forums and surveys
  - Statewide data on use of CSP
  - Effective practices of other states in offering self-directed services
  - Recommendations for policy changes and dissemination of information regarding the CSP
  - Next steps

Study Report may be viewed at:
http://www.hhs.state.ne.us/ddplanning/22810CSPStudy.pdf

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CSP STUDY RECOMMENDATIONS

1. Develop/implement communication plan to increase awareness and provide clear understanding of the CSP.
2. Address barriers to effective utilization of the CSP.
   - Increase cap on rates paid to CSP providers.
   - Eliminate prohibition on mixing CSP services with "traditional" specialized services.
   - Address individual funding cap limitations.
3. Develop/deliver training to address: self-directed services, program-specific training, IEP team training, and provider training.

5

BARRIERS RELATED TO TRAINING

- Survey results indicated:
  - Families often do not have confidence in securing and training qualified support staff.
  - Families would like more information on effective practices for hiring qualified CSP provider staff.
  - Families would like more information on effective practices for training CSP provider staff.
  - Training is needed for CSP providers in working with individuals with developmental disabilities.
  - Training is needed for CSP providers on meeting program requirements.

6

Follow-up to Recommendations

- Policy changes being made by Division of Developmental Disabilities to address identified barriers related to CSP utilization, with implementation of revised waiver programs anticipated for January 2011.
- Work under this grant continues to address recommendation related to provider training needs.

7

Tasks for Today's Session

- Identify training needs of CSP providers.
- Prioritize training needs of CSP providers.
- Identify possible sources to meet training needs.
- Review online training resource, *College of Direct Support*.
- Provide recommendations for next steps in addressing training needs of CSP providers.

8

Activity

- Review *Training Topics* handout.
- Complete activity to identify priorities for training needs.
- Determine other training needs not addressed on *Training Topics* handout.
- Discuss and prioritize training needs.

9

Resource Review

- Online training course available through *College of Direct Support (CDS).*
- Preview lessons available through *CDS.*
- Discuss pros and cons of use of *CDS.*
- Discuss other effective methods for training.

More information regarding the *College of Direct Support* may be found at:

http://info.collegeofdirectsupport.com/?phpMyAdmin=3e8c4b06eae1t56d768ec

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Next Steps

- Final report for this grant year to be completed by September 30, 2010.
- Provide recommendations for meeting provider training needs, including use of the *CDS* and identifying practices in other states for training self-directed service providers.
- Grant funding requested from Developmental Disabilities Planning Council for Year #2 funding to continue work in this area, including piloting training for CSP providers (grant approval is pending).

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For More Information

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ATTACHMENT C. TRAINING TOPICS

1. **COMMUNITY INCLUSION**
    - Understanding roles in supporting inclusion of people with developmental disabilities in the communities in which they live and work.
    - Discriminating between activities that are likely to lead to inclusion and those that are not.
    - Overcoming barriers to inclusion.
    - Utilizing strategies such as volunteering, frequenting, joining, and networking.
    - Connecting to natural supports and relying less on expensive and segregated special services.

2. **PROFESSIONALISM**
    - Applying ethics in everyday work.
    - Ensuring confidentiality.
    - Identifying who has access to documentation/information and when they have access.
    - Describing methods for ensuring people have given appropriate consent and information is released correctly.
    - Identifying the purpose of documentation.
    - Identifying methods for completing required documentation.

3. **EMPLOYMENT SUPPORTS**
    - Introduction to employment services and supports for people with disabilities.
    - Description of the various employment programs, vocational services, and funding options.
    - Identifying an individual's vocational strengths and challenges and how they may influence his/her need for support.
    - Researching job markets and industries to expand an individual's job search.
    - Contacting employers about job leads and identifying tools that can aid in the job search process.
    - Assisting the individual in the application and interview process.
    - Educating employers about employment of persons with disabilities.
    - Negotiating employment and developing workplace accommodations.

4. **COMMUNICATION**
    - Importance of communication.
    - Learning about communication styles.
    - Methods to enhance communication.

5. **HOME AND COMMUNITY LIVING/PERSONAL CARE**
    - Learning how to support a person in his home.
    - Boundaries and expectations when working in another's home.
    - Techniques for supporting individuals in cleaning, home maintenance, upkeep, laundry, organization, etc.
    - Teaching and assisting with grooming and hygiene activities.
    - Supporting people with personal care in a sensitive and respectful manner.

6. **INTRODUCTION TO DEVELOPMENTAL DISABILITIES**
    - History and causes of developmental disabilities.
    - Language and best practices.
    - Services for people with developmental disabilities.

7. **ABUSE, NEGLECT, AND EXPLOITATION**
    - Defining abuse, neglect and exploitation.
    - Preventing abuse, neglect and exploitation.
    - Reporting abuse, neglect and exploitation.

8. **SAFE AND HEALTHY LIVING**
    - Risks, choice and common sense.
    - Safety in the home and community.
    - Responding to emergencies.
    - Supporting healthy choices.
    - Meeting the health needs of the individual.
    - Signs and symptoms of illness/taking care of individual when ill.

9. **TEACHING PEOPLE WITH DEVELOPMENTAL DISABILITIES**
    - Understanding teaching.
    - Teaching strategies.
    - Moving from care giving role to teaching.

10. **RELATIONSHIPS**
    - Working in partnership with family.
    - Working in partnership with formal and informal support networks.
    - Supporting individuals in making and maintaining friendships

COMMUNITY SUPPORTS PROGRAM
PROVIDER TRAINING QUESTIONNAIRE

A grant project funded by the Nebraska Developmental Disabilities Planning Council is focusing on issues related to the Nebraska Developmental Disabilities Division's Community Supports Program (CSP). Project activities have included gathering feedback from a variety of stakeholders across the state. An area of concern that was identified by the stakeholders is the training of CSP providers. This questionnaire is an attempt to gather more information on this topic. Note that the training discussed in this questionnaire is above and beyond the training that needs to be provided regarding the specific, personal needs of each individual.

1. Rate the importance of providing an organized system giving access to training materials, training resources, or other methods for training CSP providers.
   ☐ Very important ☐ Somewhat important ☐ Not important

2. Indicate the top <u>three</u> topic areas in which you believe Community Supports Providers should receive training. Refer to the *Training Topics* document for further description of the topic areas. Note that this refers to training beyond what is specific to the individual.
   a. ☐ Community Inclusion
   b. ☐ Professionalism
   c. ☐ Employment Supports
   d. ☐ Communication
   e. ☐ Home and Community Living/Personal Care
   f. ☐ Introduction to Developmental Disabilities
   g. ☐ Abuse, Neglect and Exploitation
   h. ☐ Safe and Healthy Living
   i. ☐ Teaching People with Developmental Disabilities
   j. ☐ Relationships
   k. ☐ Other (please specify):

3. Should a minimum level of training be mandatory for CSP providers? ☐ Yes ☐ No

4. Should CSP providers be paid for time involved in training? ☐ Yes ☐ No

5. What do you see as being the most valuable format(s) for providing training for CSP providers? (Note: you may check more than one box.)
    a. ☐ Internet-based training (such as College of Direct Support)
    b. ☐ Group training sessions
    c. ☐ Handbooks
    d. ☐ Other resource materials (hard copy materials and links to internet sites)
    e. ☐ Other (please specify):

6. Any comments?

Return completed form by 9-24-10 to:

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ATTACHMENT E. QUESTIONNAIRE RESULTS

Question 1. Importance of Training			
Rate the importance of providing an organized system giving access to training materials, training resources, or other methods for training CSP providers.	Very Important 9	Somewhat Important 2	Not Important 0

Question 2. Topic Areas for Training	**Total Identifying Topic**	**Rank Order**
Indicate the top three topic areas in which you believe Community Supports Providers should receive training. Refer to the *Training Topics* document for further description of the topic areas. Note that this refers to training beyond what is specific to the individual.		
a. Community Inclusion	18	1
b. Professionalism	2	7
c. Employment Supports	7	5
d. Communication	17	2
e. Home and Community Living/Personal Care	18	1
f. Introduction to Developmental Disabilities	2	7
g. Abuse, Neglect and Exploitation	2	7
h. Safe and Healthy Living	5	6
i. Teaching People with Developmental Disabilities	9	4
j. Relationships	12	3
k. Other (please specify): -Behavior Intervention -Dealing with Difficult Individuals/Families -Assistive Technology	 2 1 1	 7 8 8

Question 3. Minimum Training	**Yes**	**No**
Should a minimum level of training be mandatory for CSP providers?	8	3

Question 4. Payment for Training	**Yes**	**No**
Should CSP providers be paid for time involved in training?	9	1

Question 5. Training Formats	Total Identifying Format	Rank Order
What do you see as being the most valuable format(s) for providing training for CSP providers? (Note: you may check more than one box.)		
a. Internet-based training (such as College of Direct Support)	8	2
b. Group training sessions	10	1
c. Handbooks	4	3
d. Other resource materials (hard copy materials and links to internet sites)	2	4
e. Other (please specify):		
- Hands-on training	3	3
- Parent/guardian training	1	5
- Special topic workshops	1	5

Questionnaire Respondents	Total
Service Coordinators	9
Vocational Rehabilitation Staff	9
Family Members	10
School Transition Staff	2
Advocacy Groups	1
Specialized Providers	4
CSP Providers	8
Consumers/CSP Participants	5
DDD Staff	1
TOTAL RESPONDENTS*	49

*Note that questionnaires were not completed by all participants.

Omaha VR: 5 Participants/August 30, 2010

General Comments:

- Service Coordinators may not understand the program.
- Question: Do you need DD hours to be eligible for CSP? Answer: Yes.
- CSP workers need more training in the employment area.
- They use the manual that Lloya created for CSP job coaches.
- In Omaha, there is a worker that works with several people and it might be good to have her provide feedback.
- Counseling skills to get the info from the consumer is important.
- How are people choosing the CSP worker?
- Some parents coming back to DD and asking for help finding staff.
- Most important piece is choosing the provider.
- Parents need help finding people.
- Provider fair for parents and invite job coaches.
- $20 per hour for VR job coaches/no mileage.
- When family wants something besides the consumer wants what do you do? Not included in the training session.
- Assessments: What are the roles between HHS and Voc Rehab especially if they are an adult rather than a transition person just coming from school?
- Can Voc Rehab do assessments when someone is involved with CSP and Voc Rehab is involved? Keep it basic. Who are they and when do they come in?
- Resource book-workforce development office, medications on a budget, job search websites, disability hotline.
- How often do they check on the person when they get the job?
- Medication may need to be addressed with the employer.
- Need to know how to redirect appropriately.
- Job coach needs to be able to explain why they are there to the employer.
- Need to look at the consumer when the person is being interviewed, not answer the questions for them, help them.
- Need to know how to get your point across and still be professional.
- Could hold an Information night with VR/parents/job coaches.
- Need to provide info about your future with CSP after graduating.
- Make sure person has all of the identification documentation needed for applying for jobs.
- Transportation is an issue.
- Career Planning/VR Workbook that the VR counselor uses would be helpful.

- Job coach needs to know the process for assisting someone in finding a job, know the market, have all of these things in order.
- Other VR materials: Pocket guide; Write a resume; Job Seeking Skills book. (copies provided)
- Should training be mandatory? They say yes to. Everybody should go through as a refresher course. People doing training need to be current.
- Could they shadow some placement people at VR? Might be a good idea.
- More practical, hands-on training because of the lack of resources; need something to supplement the module.

College of Direct Support review:

- Reading/listening at the same time is hard to do (CDS modules).
- Is there a workbook? Might be good for an older CSP worker.
- Can you shut the voice off? (CDS) Don't know.
- People will click through it faster than expected because of the listening/reading thing.
- Last of the module they start talking about more sophisticated assessment processes that aren't appropriate.
- Overwhelming amount of information.
- Lot of this information might be forgettable when on the job.
- A book to refer to would be helpful.
- Could do a combination of working with the individual and learning at the same time. Stop the module and work with the individual.
- Need something to refer when you are working through the module.
- Go through each lesson and deciding yea or nay on the different points of each of the lessons is necessary as some lessons are too sophisticated
- Develop a process that you sit down with the consumer and the worker and you can enter the person's info as you go along.
- Video was helpful, need to be incorporated as much as possible.
- Interview questions need to be available for the CSP worker.

Grand Island VR: 3 participants/August 31, 2010

General Comments:

- Identifying the job preference up front is an advantage for those going to a workshop. CSP providers have a harder time figuring out where to start with an individual.
- Provide pictorial of jobs and work with the individual to figure out what they can do.

- Employment Summary provided by Myron. Use common sense in job coaching, but the need is figuring the person's ability and strengths and weakness and where to start to look for a job.
- VR is a resource to help the CSP providers, offers to help the providers.
- If you don't know the person, you don't know where to start.
- Fast food places are not good because employers don't want the extra person in the workplace.
- Job coaches need to get in and out of the fast food places asap.
- Volunteer sites are good starting place to get to know the person.
- Need to emphasize how VR staff can help the CSP worker.
- Some VR folks won't have the DD background as those in GI.
- Need more information on DD system eligibility process.
- CSP does not do any assessments up front, while specialized providers have had that advantage when someone is in their services.
- Should have some information from school for transition students that would help to know where to start.
- Most CSP consumers in this area have been out of school 4 or 5 years.
- Still schools aren't communicating about the CSP program to transition students.
- May evaluate in an informal matter.
- Job coach needs to see how they can modify/teach the job.
- Hands on is best.
- Some are putting CSP consumers through VR evaluation.
- Project Search is a good model.
- Can they go through VR evaluation with VR to help the job coach? Hard to train people on how to match up with jobs.
- Start conversation early.
- Invite them to job seeking skills, does everything a regular client does.
- How do you partner with Voc Rehab?
- Even when doing one thing, spread out and do other things to look at what jobs might be available.
- Do independent living skills first so you can get to know them.
- Team process needs to be in place. Goals need to be for all team members, not separate.
- Individualized, think out of the box with placement.
- Talk about what the needs are of the job.
- Partnership with VR…. Develop partnerships with CSP workers/SCs.
- Is the goal to get the job coach out? Need to make sure CSP workers understand that.
- RCEP-Susan Rocker program may be good resource.

College of Direct Support review:

- Viewed Lesson 2: Preferences
- Reading/voice over did not bother the viewers.
- Discuss jobs as they are doing other activities.
- Good starting point for people.
- May not be for concrete learners.
- CDS may be used for a reference, background as some people may try to do it exactly with the individuals.
- In addition, provide some resources from VR.
- Training for CSP needs to include how VR can help.
- Evaluation and job seeker process for CSP provider-Felipe.
- Traditional evaluation may not be the right for all.
- Utilize other work with the individual as a method to begin preparation for jobs.
- Need to encourage/build upon natural support from work setting.
- Train the staff at the job, not necessarily the individual. Create natural supports.

Kearney Public Forum: 16 participants/August 31, 2010

General Comments:

- Need more information specifically about the person, their disability, their needs.
- Need info on positive behavioral supports.
- Training needs of providers vary according to background, abilities, etc.
- Payment for providers while being trained? Incentive program for completing training. Bonus for longevity in the position or for taking training.
- VR has offered some of their job placement service classes to CSP providers.
- Need to define the responsibility of the parent in the entire process.
- Need to start early planning with schools. As early as middle school.
- Important to go back to the IEP team to prepare student with work experiences and plan
  for the future.
- Different needs of providers based on needs of the individuals. Don't want to look just at DD
  services.
- Specialized services are viewed as "safer".

- Inclusive recreation program in Kearney has been slow to catch on, but progress is being made.
- Role of SC in CSP is huge.
- Teachers need training/awareness of CSP.
- Training has not been raised to this SC as an issue. Maybe it's because those who have been willing to do this feel better equipped.
- Provider may view training as their responsibility to come to the job equipped.
- Parents best resource on specifics of individual; general overview may be needed. E.g., communication styles may need to be trained.
- Having printed material available would be helpful.
- Being hired as a personal acquaintance, provider may not feel equipped to do the job. Training could help.
- Need way for providers to connect with each other. How can providers support each other?
- Need a provider network.
- Need ways to connect with other individuals/families in an informal way.
- Providers can feel all alone (and so can parents).
- Need referral network so families know where to go.
- It is provider's responsibility to come to the job with the skills to do the job.
- VR process can be time-consuming/difficult to navigate.
- Lots of resources available thru VR; job postings, software, handbooks.

College of Direct Support review:

- Provider perspective: what does this training have to do with my job?
- Training info may be more useful to parents (Natural Supports lesson) – not relevant to my
  work as a provider.
- Parent training, not provider training is what's needed.
- Parents should give background info on individual, history, medications, needs, likes, dislikes.
- Parent needs to do the training!
- Not all parents provide the information needed.
- Not all consumers have someone to do the training for the provider (no family to do this).
- Provider may need to sit down with consumer and get the info.
- No agency has put together the info for the provider.
- Not all consumers have family involvement.
- Need to assist consumer with interviewing providers – not all have people around them to support them.

- Beauty is that providers can be selected based on personal skills.
- Staff coming from provider agency are in a "pre-programmed" frame of mind.
- Important to have training in job coaching.
- Need to be able to break down job into sections.
- CDS training may be too "stylized" for parents/providers.
- Making it too hard – could be simpler. It's just life. Parents know.
- Some individuals may have specific medical/therapy needs that have to be individually trained.
- Like the Employment lesson/video example.
- SC could use something like the CDS when contracting with a provider. Use a checklist.
- Could use training module to do provider sign-up to make sure all points are covered in contracting process.
- Need to add parents' responsibilities to handbook.
- Could maybe add CDS to handbook as resource.
- Specifics of working with specific individual needs to be provided.
- Some portions of the training may be applicable to those coming to the job with little or no background.

Most Essential Training Topics

Community Inclusion (8)
Home and Community Living/Personal Care (7)
Relationships (7)
Communication (7)

O'Neill Public Forum: 10 participants/September 1, 2010

General Comments:

- CSP best program since sliced bread!
- Mom would like CPR/first aid training for providers or a way to pay for this.
- Many providers need second job to survive. (Note: two attendees also work for specialized provider in addition to being a CSP provider).
- Specialized provider in this area is discussing implementing policy that prohibits staff from working for both the CSP and specialized provider.
- Providers who don't have previous experience in the field need background training on how to work with people with DD.
- Need providers to know specifics of needs of individuals.
- Provider needs to know how to communicate/form relationships with family.

- Priorities for training are different for each consumer.
- Professionalism/ethics/understanding confidentiality is important. Need to make sure they understand legal responsibilities of not taking advantage of the consumer.
- Privacy/confidentiality issues need to be addressed.
- Intro to DD – need to know about the disability to be able to understand the basis for behaviors/medical needs, etc.
- Relationships - we're all unique and everyone needs to develop friendships. Need to know how to help them form relationships.
- Employment – everyone needs a job, own money, important to help obtain jobs and form relationships on the job.
- Teaching people w/DD – need to know how to do this.
- Communication – teaching the consumer to communicate wants/needs and let their provider know.
- Safe and healthy living – as a parent, primary concern.
- Relationships – importance of knowing how to treat people. Knowing how to communicate with the consumer – treat consumer as adult.
- Make sure that final report for this grant is distributed widely.
- CSP is the place we can go where we don't have to fit the person into the program, we can design the program for the person.
- Need more information on the program. Get the word out!
- Transition planning needs to include information on the CSP!
- Doctors need to know about this program. One more outlet they can provide to help families.

<u>College of Direct Support review:</u>

- Employment module would be helpful for new provider.
- Training would also be good for those with experience.
- VR Job Coach Manual is good resource for providers assisting with employment.
- Questions in Safety module would be very good for planning/training purposes. Could use it as part of IPP process.
- Parent would be willing to have provider use computer in their home to take training if provider didn't have their own computer.
- Could do some lessons along with consumer.
- Would be good to print off materials from CDS site.
- Brainstorm w/parents.
- Computer access would not be a problem – public libraries and other places are accessible.
- Question of paying providers to take training: understand both sides. Hate to see $$ taken from individual to pay provider for training.

- Depends on how much training is expected.
- Could there be grants for organizations to train providers?
- If taking training with the individual, provider should be paid for their time.
- Most providers want to learn and wouldn't mind doing it on their own time.
- Shouldn't be tons of requirements, but there should be some mandatory elements (i.e., safety).
- Could go through the CDS curriculum when meeting with SC and determine what core elements are.
- Should address the safety issues/questions from the CDS Safety module – incorporate it into the plan.
- Written guidelines, simple materials would be helpful to be able to pull up as needed.
- Some pieces of training may be added, as per team recommendation, above and beyond the core elements.
- Professionalism needs to be addressed – could be done in the most basic ways (i.e. addressing confidentiality).
- Providers could be given basic training materials when they are signing up to be a provider.
- Website resources would be good.
- Utilizing Voc Rehab resources would be helpful.

Most Essential Training Topics

Home and Community Living/Personal Care (7)
Communication (6)
Relationships (4)

Omaha CSP Provider Training (5 participants) 12-3 p.m.

- A lot of CSP providers come from employment with other provider agencies, so they don't have a lot of training needs.
- Community Inclusion needs to be worked on because the individuals may have lived at home for many years and have not established those community connections.
- Many on caseload have chosen CSP so they can get out in the community, not sit in a workshop.
- Value of job coach is high.
- Need to know how to work with the person while on the job.
- Difficult to find jobs for people with disabilities.
- Communication is important because the provider is the eyes/ears for the individual, especially those with communication difficulties.

- Safe and healthy living: need to address issues related to taking chances; teaching how to eat properly; making good choices in meal planning.
- Many gain weight when first moving out on their own.
- Providers need to know how to teach hands-on/modeling rather than telling what to do.
- Relationships – need to understand the value of working in partnership with the family; doing things according to what's best for the individual.
- SC needs to have good relationship with family; SCs sometimes have to fire the provider.
- Only bad thing about CSP is that provider can falsify claims (has happened twice for this SC). Providers reporting they were working when they were doing other things. Also issues with provider sitting rather than working/monitoring individual.
- Other needed Training Topic: Behavior Intervention
- Mandatory training: Maybe later as this becomes a bigger program. Already handbooks for consumer/provider. Some already have minimum level of training.
- Paid for training? Yes. Maybe establish limits.
- Most valuable formats? Hands-on training; internet-based; group training; handbooks.
- Access to computers and internet? Most would have it – thru library, SC offices. Process easy - not too involved. Could do at own pace/ in own home. Needs to be practical/simplified.
- If College of Direct Support is not available, can we do something on our own/create it and put it on the web or do some handbooks?
- Provider agency, friends, paraprofessionals, problems with those just off the street.
- Some work for both provider agencies and the CSP.
- Have seen a huge decrease in behaviors for those in the CSP program. One new grad and some in services for years. Some do CSP just for social aspects.
- One specialized provider really liked the training modules and would like access to it.
- Training can make the difference between becoming independent and dependent.
- I'm teaching my case worker about the program!
- As a parent you have to fight to use it.
- Need a website where a parent can read about the program.
- Kids go dormant after they leave high school.
- Teachers at school shared the CSP Study report.
- Over information….don't know what to pay attention to.

- Good stories about those who are using the program. Mom/ provider, helps others to learn. Networking…..
- Internet training – Millard Young Adult program uses online courses, covering things such as CPR, first aid, down's syndrome, etc.
- Need to provide incentive to take training. Got 36 hours for a raise as a paraprofessional.
- Having organized training system for the provider will help both the provider and HHS in knowing what's going on.
- Providers need to understand that there is a wide range of disabilities and that they may not always be visible.
- A parent should go thru training before hiring a provider, so that they know what to expect and how to train the provider.
- Take the disability and turn it into an ability.
- Providers need an overall general training, not just one focused on the individual.
- Training is a partnership between the parent and provider.
- Top three training topics: Teaching People w/DD; Home and Community Living/Personal Care; Community Inclusion. Additional: Communication; Safe and Healthy Living.
- Training required depends on who you choose as a provider. Pick and choose training topics relevant to that individual.
- Communication between parent and provider important.
- Need basic CPR/first aid training. Training needs to be tailored to the needs of the individual (based upon their medical conditions.) Need to weigh need for first aid training with the cost of this. May not be necessary for all. Who will pay for this training?
- Minimum level of training should be mandatory.
- Providers should be paid for time involved in training (may be incentive pay, hourly rate, etc.) Need to weigh this when it comes out of the individual's budget.
- This provider/parent does not use her handbook. Internet training would be more flexible. Don't like idea of group sessions, requiring that you have to be at a certain place at a certain time.
- Handbooks are good resource.
- Group training w/dialogue is helpful. Group training allows you to learn from others.
- Training should not be limited to providers; parent and individual can benefit as well.
- Teaching People with DD would best be provided in a group setting.
- Don't require all topics; no lengthy training course!
- Need to develop fluid opportunity for training as time goes on; needs change; individuals you're working with and their needs change.

- Require training to be completed within X number of time (not all at once).
- Look at the paraprofessional web-based training that's done through Millard Young Adult Program.

Most Essential Training Topics:

Home and Community Living/Personal Care (5)
Teaching People with DD (4)
Community Inclusion (4)
Employment Support (4)

OTHER COMMENTS FROM SURVEY

Respondent #1:

I would rate all of the topics in Question #2 as important, depending on the needs and strengths of the person who will be supported. For example, if the staff is going to help support the person in employment, that may be the most important training they will need.

With regard to training: I have been to a number of CDS seminars, and have taken some of the sample courses. In some cases it is rather generic, and doesn't really take into account the training needs for each state. For example, Abuse/Neglect definitions and reporting statutes vary from state to state, and people MUST be trained in their responsibilities in this area. CDS also doesn't teach state regulatory requirements. I am sure there are other training needs that should be offered, but one that I can think of is Medication Aid training. If a staff person will support someone to take their medications, they will need med-aide training training, and there may need to be some other assurances with regard to who is doing the direction and monitoring, etc.

Finally, sometimes during training it becomes apparent that someone is not getting something, or needs additional support to understand a concept or principle. And, in fact, sometimes things go on in training that allows you to weed out people who might not be the best match for the job. That safeguard will be gone if only a computer-based training is provided. Too, I think some basic courses on philosophy and advocacy, provided in an interactive and group format, should be a basic course offering.

My final comment: I think that a lot of the people who have opted for self-directed services have required little support or had more oversight by a family member than others who may opt for such services in the future. Providing up-front training to the staff who will provide the supports seems like a good addition/upgrade, particularly since the pool of people wanting this service will expand to those who might need additional supports in order to participate.

Respondent #2:

I have taken time and viewed what you suggested. I have also allowed myself to think broader. I realize that the more the CSP is opened up, the more diverse population will be using it. I have softened my views on College of Direct Support; and now think that there is value in it. Also: I think we should carefully think when the education should be given. I was thinking for example "what if" a provider was with a person for 2 or 3 weeks and decided the CSP job wasn't for them. One automatically thinks training should be before provider starts, but should it?

Respondent #3:

Sometimes the best providers are untrained. They may inquire how to learn more about a topic. Maybe have information on who to refer them to if they want to learn more – i.e., websites that we know would be helpful.